

<i>SERFF Tracking Number:</i>	<i>MCHX-126034555</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>41552</i>
<i>Company Tracking Number:</i>	<i>70130</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>70130 Humana-Kanawha Individual Supplemental First</i>		
<i>Project Name/Number:</i>	<i>70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy/70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy</i>		

Filing at a Glance

Company: Kanawha Insurance Company

Product Name: 70130 Humana-Kanawha Individual Supplemental First SERFF Tr Num: MCHX-126034555 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease - Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Only

Filing Type: Form

SERFF Status: Closed

State Tr Num: 41552

Co Tr Num: 70130

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI McHughConsulting

Disposition Date: 02/13/2009

Date Submitted: 02/13/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 03/11/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy Status of Filing in Domicile: Authorized

Project Number: 70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy Date Approved in Domicile: 11/24/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/13/2009

Explanation for Other Group Market Type:

State Status Changed: 02/13/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

SERFF Tracking Number: MCHX-126034555 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 41552
Company Tracking Number: 70130
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: 70130 Humana-Kanawha Individual Supplemental First
Project Name/Number: 70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy/70130 Humana-Kanawha Individual
Supplemental First Diagnosis Cancer Benefit Policy

Kanawha Insurance Company

NAIC #65110 FEIN #570380426

Individual Specified Disease Limited Benefit Policy

Policy form 70130 AR, et al

See attached form listing

Actuarial Memorandum attached

McHugh Consulting Resources, Inc. has been requested to file the enclosed forms on behalf of Kanawha Insurance Company. We have provided an authorization letter for your files.

The enclosed forms for your review and approval are designed to provide individual limited benefits for cancer only coverage. The plan is a non-recurring first diagnosis cancer benefit plan with optional Return of Premium benefit rider.

With regard to marketing information, this policy will be marketed individually through agents, telesales, and the Web. The issue ages are from 18 to 69.

All bracketed numbers are variable to the extent allowable by your state's laws. All bracketed text is variable to the extent allowed by law. In addition, the bracketed text may or may not be included in the policy when printed. In no event will numbers or text be changed to impact compliance with your law.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

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 Supplemental First Diagnosis Cancer Benefit Policy

Company and Contact

Filing Contact Information

(This filing was made by a third party - McHughConsulting)

Lauren Regnery, Compliance Assistant mcr@mchughconsulting.com
 McHugh Consulting Resources (215) 230-7960 [Phone]
 Doylestown, PA 18901 (215) 230-7961[FAX]

Filing Company Information

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina
 210 South White Street Group Code: Company Type:
 Lancaster, SC 29720 Group Name: State ID Number:
 (803) 283-5311 ext. [Phone] FEIN Number: 570380426

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$50.00	02/13/2009	25711317

<i>SERFF Tracking Number:</i>	<i>MCHX-126034555</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/13/2009	02/13/2009

SERFF Tracking Number: MCHX-126034555 *State:* Arkansas
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Supplemental First Diagnosis Cancer Benefit Policy

Disposition

Disposition Date: 02/13/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	02.10.09 Submission Letter	Approved-Closed	Yes
Supporting Document	Authorization Letter, Forms Listing	Approved-Closed	Yes
Supporting Document	Certificate of Compliance with Reg 49	Approved-Closed	Yes
Supporting Document	Certificate of Compliance with Reg 19	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form	Individual Supplemental First Diagnosis Cancer Benefit Policy	Approved-Closed	Yes
Form	Return of Premium Rider	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

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Form Schedule

Lead Form Number: Form 70130 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	Form 70130 AR	Policy/Contract	Individual Supplemental First al Diagnosis Cancer Certificate Benefit Policy	Initial		50	Form 70130 AR.PDF
Approved-Closed	Form 70140	Certificate Amendmen	Return of Premium Rider t, Insert Page, Endorsement or Rider	Initial		50	Form 70140.PDF
Approved-Closed	1336 8/08 AR	Application/ Enrollment Form	Application	Initial		50	1336 8_08 AR.PDF
Approved-Closed	Form 1663 AR	Outline of Coverage	Outline of Coverage	Initial		50	Form 1663 AR.PDF

KANAWHA

INSURANCE COMPANY

210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SOUTH CAROLINA 29721-0610

Telephone: 800-635-4252

Kanawha Insurance Company will be referred to in this Policy as We, Our and Us. You, Your, or Yourself means the Applicant who signed the Application for this Policy.

Signed for Kanawha Insurance Company at its Home Office in Lancaster, South Carolina, as of the Date of Policy stated on the Policy Schedule.



[R. Dale Vaughan]

[President, Kanawha Insurance Company]

We will pay the First Diagnosis Cancer Benefit Amount for a First Diagnosis of internal Cancer or malignant melanoma. No First Diagnosis of Cancer Benefit Amount is payable for a diagnosis of skin Cancer other than malignant melanoma. The First Diagnosis must be made after the Waiting Period and there is no coverage for a Pre-existing Condition. The Benefit Amount is shown on the Policy Schedule. Benefit Amounts, Limitations and Exclusions and other provisions are set forth herein.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY

If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Kanawha.

NOTICE OF 30-DAY RIGHT TO EXAMINE POLICY. Within 30 days from receipt of this Policy, You may return it for any reason. If returned, this Policy is void. Any Premiums paid on this Policy will be refunded. This Policy may be returned to Us or to the agent who sold this Policy.

NO RECOVERY FOR PRE-EXISTING CONDITIONS No Benefits will be provided during the first two years after the Date of Policy for any Cancer resulting from a Pre-existing Condition.

SUPPLEMENTAL FIRST DIAGNOSIS CANCER BENEFIT POLICY

Coverage terminates for an Insured Person once the Supplemental First Diagnosis Cancer Benefit Amount is paid. Coverage can be continued for any remaining Insured Persons.

CAUTION: THIS IS A LIMITED POLICY. READ IT CAREFULLY WITH THE OUTLINE OF COVERAGE.

•Premiums Payable for Period Shown on Policy Schedule

•Premium Rates may be Changed on a Class Basis

•Guaranteed Renewable for Life

THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND KANAWHA



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IMPORTANT NOTICE—PLEASE READ

The issuance of this Supplemental First Diagnosis Cancer Benefit Policy is based upon Your responses to the questions on Your Application. Please read the copy of the Application attached to this Policy. The Application is a part of the Policy. The Policy was issued on the basis that the answers to all questions and the information shown on the Application are correct and complete. Carefully check the Application. Write to Kanawha Insurance Company, [Post Office Box 610, Lancaster, South Carolina, 29721-0610] within 30 days, if any information shown on the Application is not correct and complete, or if any past medical history has been left out of the Application.

In the event You need to contact someone about this Policy for any reason, You may contact Kanawha Insurance Company at the above address or by calling [1-800-635-4252] or [1-803-283-5300.]

POLICY SCHEDULE

Plan of Insurance and Agreement(s) Included

Description	Units Of Coverage	Period Premium Payable	Interval Premium Amount (s)
First Diagnostic Cancer ONLY Policy		[Life]	[\$135.00]
[Optional Return of Premium Rider]		[Life]	[\$####]

Policy Number:	[12356789]	Premium Schedule Interval Selected
Date of Policy:	[May 1, 1998]	Direct Billing Method:
Insured:	[Thomas Spratt]	:Annual
Age:	[35]	:Semi-Annual*
Primary Beneficiary:	[The Insured]	:Quarterly*
		:Monthly*
		Special Monthly Billing:
		:Monthly*
		Payroll Electronic Transfer
		:Monthly
Amount of Insurance:	[SEE BELOW]	Monthly Paid:
		:Weekly*

*Payment of the Special premiums shown in the above schedule may be made only with approval of Kanawha Insurance Company

BENEFITS

Waiting Period	[30 days]
Supplemental First Diagnosis Cancer Benefit Amount	[\$25,000]

TELEPHONE: [1-800-635-4252]

DEFINITIONS

Adopted Children means those children for whom a petition for adoption has been filed by You prior to the Date of Policy.

Age means the age of an Insured Person on the last birthday of that person on the Date of Policy.

Applicant means You, the person named as the proposed Insured on the Application for this Policy. You may be the Applicant of this Policy, but also excluded from the Benefits of this Policy's coverage because:

- You chose not to cover Yourself; or
- We declined to issue this Policy's coverage to You.

Attending Physician means the individual primarily responsible for the care of an Insured Person's Cancer who is a medical practitioner of the healing arts, other than You or a member of Your Immediate Family, duly licensed by the state to treat injuries or sickness and acting within the scope of such license.

Cancer means First Diagnosis of a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue, Hodgkin's Disease or leukemia. Cancer does not include skin Cancer other than malignant melanoma. Premalignant conditions or conditions with malignant potential are not to be construed as Cancer in interpreting this Policy. Genetic tests or other tests indicating a predisposition to Cancer are not to be

construed as Cancer in interpreting this Policy.

Class means Insureds of the same age, state of residence and Plan.

Date of Policy means the date shown on the Policy Schedule. It will be used to determine effective date of coverage, Premium due dates, and the Time Limit on Certain Defenses of the Policy.

This Policy takes effect at 12:01 a.m. at Your residence on its Date of Policy. This Policy terminates at 12:01 a.m. on the date any renewal Premium is due and not paid, subject to the Grace Period, or once the Supplemental First Diagnosis Cancer Benefit Amount has been paid by Us for an Insured Person, except as provided in the Termination of Coverage and Conversion of Coverage provisions.

Eligible Dependent(s) means the following persons: Your Spouse, Your children, Your Newborn Children, Your Adopted Children, Your Spouse's children, Your Spouse's Adopted Children and Newly Adopted Children. Eligible Dependent(s) also means a New Spouse, a New Spouse's children and a New Spouse's Adopted Children.

Subject to the Termination of Coverage and Conversion of Coverage provisions, all children cease to be Eligible Dependent(s) upon their 18th birthday.

Married children and married Adopted Children are not Eligible Dependent(s).

First Diagnosis means the first time after the Date of Policy or the date of an Insured Person's coverage, if later, that the earlier of the following takes place:

- Cancer is first ever positively diagnosed by a pathologist. A pathological diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during the life of the Insured or postmortem). The Physician establishing the pathological diagnosis shall base his/her judgement solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. A postmortem pathological diagnosis of Cancer will only be accepted as a First Diagnosis when the deceased Insured received treatment for such Cancer prior to death.
- Cancer is first ever diagnosed by clinical or non-pathological diagnosis if diagnosis from tissue cannot be made. A clinical or non-pathological diagnosis of Cancer will only be accepted as a First Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to Us. We reserve the right to request additional information, an additional Physician's statement and/or examination by a Physician of Our choice at Our expense.

Positive diagnosis must be made in the United States.

Cancer will not be a covered condition when any advice or treatment or pathological diagnosis received within the Waiting Period leads to a diagnosis of Cancer. Cancer will not be a covered condition if tissue extracted during the Waiting Period leads to a diagnosis of Cancer.

If Cancer is diagnosed during the Waiting Period, You have the option to cancel all coverage under this Policy and receive a refund of Premiums paid for all Insured Persons.

Coverage for Cancer which is a Pre-existing Condition is limited as stated in the Pre-existing Condition Limitations provision.

Immediate Family means Your Spouse and the following relatives of You or Your Spouse: parents, grandparents, brothers, sisters, children and grandchildren.

Insured Person(s) means You, the Insured, if You applied to cover Yourself under this Policy and We did not exclude You when the Policy was issued.

Insured Person also includes all Eligible Dependents named in the Application if:

- not excluded by Kanawha when the Policy was issued; and
- You pay the proper Premium.

If You purchased this Policy as a Single Parent Plan, a Family Plan, or a Children Only Plan, Your Newborn Children are

Insured Persons from the moment of birth.

If You purchased this Policy as a Single Parent Plan, a Family Plan, or a Children Only Plan, Newly Adopted Children are Insured Persons from the date a petition for adoption has been filed by You, for the same Benefits and subject to the same limitations as other eligible persons.

If You purchased this Policy as an Individual Plan, Your Newborn Children are covered from birth for 90 days from the moment of birth for the same Benefits and subject to the same limitations as other eligible persons.

If You purchased this Policy as an Individual plan, Your Newly Adopted Children are covered from the date a petition for adoption has been filed by You for 60 days for the same Benefits and subject to the same limitations as other eligible persons.

Continuation of coverage for Your Newborn Children after 90 days is subject to Your requesting a change to the Family Plan and payment of any required additional Premium within the 90 days.

Continuation of coverage for Your Newly Adopted Children after 60 days is subject to Your requesting a change to the Family Plan and payment of any required additional Premium within the 60 days.

If You purchased this Policy as an Individual plan, You may add other Eligible Dependents as Insured Persons after the Date of Policy by submitting to Us satisfactory evidence of insurability and any required additional Premium.

To add a New Spouse, a New Spouse's Children or a New Spouse's Adopted Children for coverage under this Policy, You must provide evidence of insurability satisfactory to Us and pay any required additional Premiums.

Newly Adopted Children means those children for whom a petition for adoption has been filed by You after the Date of Policy and within 60 days after the birth of the child or within 60 days after the petition of the child.

Newborn Children means Your children born after the Date of Policy.

New Spouse means a Person whom You marry after the Date of Application of this Policy.

Pathologist means a Physician certified by the American Board of Pathology or the Osteopathic Board of Pathology as a Pathologist.

Physician means a medical practitioner of the healing arts, other than You or a member of Your Immediate Family, duly licensed by the state to treat injuries or sickness, and acting within the scope of such license.

Pre-existing Condition means:

- with respect to persons named in the Application for this Policy, the existence of symptoms which would cause a person to seek medical diagnosis, care or treatment within one year before the Date of Policy; or
- with respect to persons named in the Application for this Policy, a condition for which medical consultation, advice or treatment was recommended by, received from or sought from a Physician during the five years immediately preceding the Date of Policy; or
- with respect to an Insured Person added after the Date of Policy, the existence of symptoms which would cause a person to seek medical diagnosis, care or treatment within one year before the Insured Person's effective date of coverage under this Policy; or with respect to an Insured Person added after the Date of Policy, a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician during the five years immediately preceding the

Insured Person's effective date of coverage under this Policy.

These definitions of Pre-existing Condition do not apply to Newborn Children or Newly Adopted Children.

Spouse means the person to whom You are married on the Date of Application for this Policy.

Supplemental First Diagnosis Cancer Benefit Amount means the Benefit Amount shown on the Policy Schedule.

Waiting Period means the 30 calendar days shown on the Policy Schedule during which there is no Benefit. The Waiting Period begins on the Date of Policy for those Insured Persons named in the Application and approved by Us for coverage. For Insured Persons later added to the Policy subject to an Application with evidence of insurability satisfactory to Us, the Waiting Period begins on the date the Insured Person is added.

There is no Waiting Period for Newborn Children or Newly Adopted Children.

BENEFIT PROVISIONS

If an Insured Person receives a First Diagnosis of internal Cancer or malignant melanoma, We will pay the Supplemental First Diagnosis Cancer Benefit Amount shown on the Policy Schedule. The First Diagnosis must occur after the Waiting Period and while this Policy is in force

with respect to the Insured Person. No Benefit is payable for diagnosis of skin Cancer other than malignant melanoma. Each Insured Person is limited to one Supplemental First Diagnosis Cancer Benefit Amount under the terms of this Policy.

EXCEPTIONS AND LIMITATIONS

This Policy provides Benefits only for First Diagnosis of internal Cancer or malignant melanoma. This Policy does not cover any other disease or sickness or incapacity or injury.

No Benefit is payable for the diagnosis of skin Cancer other than malignant melanoma.

Cancer First Diagnosed during the Waiting Period will not be a covered condition. Cancer will not be a covered condition when any advice, treatment, or

clinical diagnosis received within the Waiting Period leads to a diagnosis of Cancer. Cancer will not be a covered condition if tissue extracted during the Waiting Period leads to a diagnosis of Cancer. If Cancer is diagnosed during the Waiting Period, You have the option to cancel all coverage under this Policy and receive a refund of premiums paid for all Insured Persons.

There is no Waiting Period for Newborn Children or Newly Adopted Children.

PRE-EXISTING CONDITION LIMITATIONS

This Policy does not cover Pre-existing Conditions for 12 months after the Date of Policy with respect to persons named in the Application for Insurance.

This Policy does not cover Pre-existing Conditions for 12 months after the

effective date of coverage with respect to any Insured Person added after the Date of Policy.

Pre-existing Condition Limitations do not apply to Newborn Children or to Newly Adopted Children.

PREMIUMS, CHANGE IN PREMIUMS

Premium Payment. To keep Your Policy in force, You must pay each Premium before the end of Your Grace Period. Premiums are payable for the Premium Payment Period shown on the Policy Schedule on Page 3 of this Policy.

If You send Premiums to Kanawha that would pay Premiums past the termination date of this Policy, or past the termination date of an Insured Person's coverage, We will refund the excess amount to You within 30 days of receipt. If We fail to refund the excess

Premiums within 30 days, coverage under this Policy will continue for the period these excess Premiums cover for the Insured Person.

Your Premium is based on Your Age on the Date of Policy. Premiums for any Additional Benefit Riders attached to this Policy will be assigned to the same Premium classification. Your Premium can be changed only if Kanawha changes the Premium on all Policies in Your Premium classification on the same form number in Your state of residence.

You will be given at least 45 days notice before Your Premium rate is changed. Any increase or decrease will begin the next Premium due date after the notice is given.

Premium Payment Adjustment. If a claim is incurred during the Grace Period and the Premium has not been paid, the Premium may be deducted from the proceeds of the claim.

TERMINATION OF COVERAGE

This Policy terminates on the date of Your death. The Conversion of Coverage provision provides certain rights to Your survivors who are then Insured Persons under this Policy.

This Policy terminates when We pay a Supplemental First Diagnosis Cancer Benefit for a Cancer from which You suffer. No Supplemental First Diagnosis Cancer Benefit will ever again be payable for Your Cancer. The Conversion of Coverage provision provides certain rights to Your survivors who are Insured Persons under this Policy.

Coverage for any Insured Person terminates when a Supplemental First Diagnosis Cancer Benefit Amount is paid for that Insured Person.

This Policy terminates and all coverage ends when You fail to pay Premiums within the Grace Period.

This Policy terminates on the next Premium due date after We receive from You written direction to cancel this Policy. There is no Grace Period after the next Premium due date when You direct Us in writing to cancel this Policy.

Coverage for an Insured Person terminates when You fail to pay the

Premium for that Insured Person within the Grace Period.

Coverage for an Insured Person terminates on the next Premium due date after We receive from You written direction to cancel that Insured Person's coverage. There is no Grace Period after the next Premium due date when You direct Us in writing to cancel an Insured Person's coverage.

Coverage on a child terminates on the child's 18th birthday, unless still in school as a full-time student, then on the child's 25th birthday. However, an unmarried physically or mentally handicapped child who was handicapped prior to his or her 19th birthday and was covered under this Policy may continue to be covered so long as You pay the required Premium, the child is and continues to be incapable of self-sustaining employment by reason of mental retardation or physical handicap, is unmarried and is chiefly dependent upon You for support. We may require proof of eligibility for continuation of this coverage annually.

Coverage on Your Spouse will terminate when You divorce Your Spouse unless Your Spouse exercises the right provided in the Conversion of Coverage provision.

Whenever Your coverage or the coverage of another Insured Person terminates, We will refund any pro-rata unearned Premiums and adjust future Premiums as may be required.

Termination of an Insured Person's coverage is without prejudice to any claim originating prior to termination of coverage.

CONVERSION OF COVERAGE

In the event of divorce between You and Your Spouse, Your Spouse will be entitled to a Conversion Policy if he or she is then covered by this Policy.

- The new Policy will be issued with a Date of Policy on or after the date of Your request for Conversion in accordance with Our rules for dating policies.
- Premiums for the Conversion Policy will be based on Your former Spouse's then attained age.
- The Conversion Policy will be a Policy of insurance then being issued by Us which provides coverage most nearly similar to the coverage provided by this Policy.

In the event that You die or a Supplemental First Diagnosis Cancer Benefit is paid for a Cancer from which You suffer, Your survivors who are then Insured Persons under this Policy will be entitled to a Conversion Policy.

- Any Conversion Policy issued in accordance with this paragraph will be issued on this Policy's form.
- If Your Spouse is then covered under this Policy, one Conversion Policy will be issued covering all individuals who are then Insured Persons under this Policy. The Conversion Policy will be on the Single Parent Plan. Your Spouse's Premium will be based on his or her Age when this Policy was

issued.

- If Your Spouse is not then covered under this Policy, a Conversion Policy on the Individual Plan will be issued to each individual who is then an Insured Person under this Policy. The Premium for each Conversion Policy will be based on the then attained age of each person covered.

When a child's coverage terminates on the child's 18th or 25th birthday, the child shall be entitled to a Conversion Policy.

- A Conversion Policy issued in accordance with this paragraph will be issued on this Policy's form.
- Premiums will be based on the child's then attained age.

We will not require evidence of insurability to issue any Conversion Policy. The Time Limit on Certain Defences and all Waiting Periods of any Conversion Policy issued by Us will be based on the Date of Policy of this Policy.

Application with payment of the appropriate Premium must be made to Kanawha within 60 days following an Insured Person's eligibility for a Conversion Policy. Any Conversion Policy issued by Us will be effective the

day following Termination of an Insured Person's coverage under this Policy.

A Conversion Policy is not available for any Insured Person on whose behalf a

Supplemental First Diagnosis Cancer Benefit amount has been paid. A Conversion Policy is not available in the event of this Policy's lapse or cancellation.

PAYMENT OF CLAIMS

Notice of Claims. Written Notice of Claim must be given within 60 days after a covered loss begins or as soon as reasonably possible. The Written Notice should include Your name and Policy number. Send the notice to Kanawha Insurance Company, [Post Office Box 2000, Lancaster, South Carolina 29721-2000.] When received, a Claim Form will be sent within 15 days.

Claim Forms. When We receive Your Notice of Claim, We will send You Claim Forms to complete. If these Claim Forms are not sent to You within 15 days, You will be deemed to have met the requirements for Claim Forms if You provide Us with Proofs of Loss.

Proofs of Loss. Written Proofs of Loss must be given to Us within 90 days of First Diagnosis. Written Proofs of Loss are either:

- a pathology report establishing the pathological diagnosis of Cancer together with statements satisfactory to Us from You and Your Attending Physician documenting the onset date of Cancer; or
- a statement from Your Attending Physician indicating a clinical or non-pathological diagnosis of Cancer together with statements satisfactory to Us from You and Your Attending

Physician indicating why a pathological diagnosis is not medically possible.

If You are not able to give Proofs of Loss within 90 days, it will not have a bearing on Your claim if Proofs of Loss are given to Kanawha as soon as reasonably possible. In any event, Proofs of Loss must be given not later than one year from the time stated unless You are legally unable to do so.

Time of Payment of Claims. Upon receipt of written Proofs of Loss, Kanawha will pay the Benefits then due.

Payment of Claims. Benefits will be paid directly to You or in accordance with Assignment(s) by You. Any Benefit unpaid at Your death will be paid to Your Beneficiary. If no Beneficiary is named, Benefits unpaid at Your death will be paid to Your estate.

If Benefits are payable to Your estate or to a Beneficiary who cannot execute a valid release, Kanawha can at its option, pay Benefits up to \$1,000 to someone related to You or Your Beneficiary by blood or marriage whom Kanawha considers to be entitled to Benefits. Any remaining Benefit in excess of \$1,000 will be paid to the court appointed executor of Your estate or the court appointed guardian or conservator of Your

Beneficiary.

Any payment made in this manner releases Kanawha from all liability for the Benefits Paid.

Assignment. We will pay Benefits as set forth in the Payment of Claims Provision. When We receive written notice that You have assigned Benefits payable for Yourself or for any other Covered

Insured Person, We will pay Benefits as directed in the Assignment. Assigned Benefits will be paid in the order Assignments are received up to the limits of this Policy. No Assignment of Benefits is binding upon Us unless and until it is received and recorded in our Home Office. Any Assignment of Benefits by You will survive Your death and will take precedence over payment to Your Beneficiary or Your estate.

GENERAL PROVISIONS

Cancellation by Insured. You may cancel this Policy at any time by written notice delivered or mailed to Us, prior to its renewal date or expiration date. We shall refund to You the pro-rata portion of such Premiums paid for any period beyond the end of the Policy month in which the cancellation occurred. Cancellation shall be without prejudice to any claim originating prior to the date of cancellation.

Change of Beneficiary. You can change Your beneficiary at any time by giving Us written notice. The beneficiary's consent is not required for this or any other change in the Policy, unless the designation of the beneficiary is irrevocable.

Conformity with State Statutes. Any provision of this Policy which is in conflict with any statute of the state in which You lived when the Policy was issued is considered amended to conform to the conflicting statute.

Entire Contract, Changes. This Policy, together with any Endorsements, the

Application and any attached papers, constitutes the Entire Contract of insurance. No change is valid unless an executive officer of Kanawha approves it. The executive officers of Kanawha are its President, Vice President, Secretary, Compliance Officer or Assistant Secretary of the corporation. If a change is made, it must be endorsed on this Policy or a written endorsement must be attached to the Policy. No agent can change this Policy or waive any of its provisions.

Grace Period. This Policy has a 31-day Grace Period. The Grace Period begins on the day the Premium is due. The Premium may be paid any time before the end of the 31 days. Your Policy is in force during the Grace Period. As long as the Premium is paid within this period, the Policy will remain in force. If a claim is incurred during the Grace Period and the Premium has not been paid, the Premium may be deducted from the claim.

Legal Actions. If You disagree with the amount of Benefits paid and are unable

to resolve the matter with Kanawha, You can bring Legal Actions. However, You must wait for at least 60 days after You have filed Proofs of Loss as required by this Policy.

You cannot bring Legal Actions more than three years after the date You filed Proofs of Loss.

Kanawha has the right to defend any claim for Benefits payable under this Policy. Even though You have given written notice and furnished the proper Claim Forms, Kanawha reserves the right to investigate any claim. Kanawha's rights of defense are not waived by confirming receipt of forms required for filing.

Misstatement of Age And/Or Tobacco Usage. If your Age or any representation of your tobacco usage was misstated when you applied for this Policy, all Benefits will be paid based on the amount of Benefits you could have bought for the same Premium at your correct Age or had the correct tobacco usage been stated.

Physical Examinations and Autopsy. We may, at Our own expense, have You examined as often as reasonably necessary while a claim is pending and may require an autopsy unless prohibited by law.

Reinstatement. If You do not pay Your Premium by the end of the Grace Period, Your Policy is lapsed. If You want Your

Policy in force again, You must apply for Reinstatement.

A subsequent acceptance of Premium by Kanawha or by any agent duly authorized by Kanawha to accept Premium without requiring, in connection therewith, an Application for Reinstatement shall reinstate the Policy. However, if Kanawha requires an Application for Reinstatement and issues a conditional receipt for the Premium, the Policy will be reinstated upon approval of such Application by Kanawha, or lacking such approval, upon the 45th day following the date of such conditional receipt unless Kanawha has previously notified the Insured in writing of its disapproval of such Application.

Any Premiums accepted for a Reinstatement will be applied to a period for which Premiums have not been paid. No Premiums will be applied to any period more than 60 days before the Reinstatement date.

When this Policy is reinstated, only loss as a result of First Diagnosis of Cancer more than 10 days after the date of Reinstatement is covered. In all other respects, Your rights and Kanawha's rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

In all other respects the Insured shall have the same rights as before the Policy lapsed.

Time Limit on Certain Defenses. After two years from the Date of Policy, no misstatements in the Application, except fraudulent misstatements, made by the

Applicant in the original Application, can be used to void this Policy or to deny a claim for loss incurred after the expiration of such two year period.

NONPARTICIPATING

This Policy does not participate in the surplus of the Company.

- This is a Supplemental First Diagnosis Cancer Benefit Policy
 - Guaranteed Renewable for Life
- Premiums Payable for Period Shown on Policy Schedule
 - Premiums may be Changed on a Class Basis
 - Non-participating

KANAWHA INSURANCE COMPANY

210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SOUTH CAROLINA 29721-0610
TELEPHONE NUMBER 877-378-1505

RETURN OF PREMIUM BENEFIT RIDER

Please read this Rider Carefully — The Effective Date of this Rider is the Date of Policy. The Application for this Rider is attached to and made a part of the Policy. This Rider is a part of and subject to the provisions of the Policy to which it is attached.

Return of Premium Benefit. This Rider provides for the refund of a percentage of Total Premiums Paid as shown in the table below if the Policy remains in force continuously for the number of Policy Years indicated and no Claim Payment has been made by Us on behalf of any Insured Person.

Your Issue Age	Return of Premium Available at the End of Policy Year	Percentage of Premium Returned
Under 65	20	100%
65-69	10	50%

Total Premiums mean the actual total dollar amount paid for the Policy and any attached Riders.

Claim Payment means a Supplemental First Diagnosis Cancer Benefit Amount.

The benefit provided by this Rider is payable only once during the entire time that this Policy is in force.


After the benefit of this Rider is paid, You may continue the Policy by paying the required Premiums as they fall due or within the Grace Period. The Premiums for this Rider terminate when the benefit it provides is paid.

If a Claim for the Supplemental First Diagnosis Cancer Benefit Amount is pending on a date when the Return of Premium Benefit would otherwise be payable, We will:

- Pay the Claim for the Supplemental First Diagnosis Cancer Benefit, but not the Return of Premium Benefit, if the Claim is covered by the Policy; or
- Pay the Return of Premium Benefit if the Supplemental First Diagnosis Cancer Benefit Amount claim is not payable upon the terms of the Policy.

This Rider terminates without value when a Supplemental First Diagnosis Cancer Benefit is paid on Your behalf or on behalf of any other Insured Person. We will adjust Premiums appropriately upon termination of this Rider.

Signed for Kanawha Insurance Company at its Home Office in Lancaster, South Carolina, as of the Date of Policy on the Policy Schedule.


[R. Dale Vaughan]
President, Kanawha Insurance Company

Application for Cash Cancer Plan
Kanawha Insurance Company

HUMANA
Guidance when you need it most

PLEASE INDICATE: ☐ NEW COVERAGE ☐ CHANGE TO EXISTING COVERAGE

Proposed Insured (Please Print)	Person Proposed for Coverage (First Name, MI, Last Name)		Suffix	
	<input type="text"/>		<input type="text"/>	
	Birthdate (MM/DD/YYYY)	Social Security Number	Gender <input type="radio"/> Male <input type="radio"/> Female	
	<input type="text"/>	<input type="text"/>		
	Address (Street or R.R.) <input type="text"/>			
	City	State	ZIP Code	Home Telephone
	<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>
	Have you used Tobacco in any form in the last 12 months? <input type="radio"/> Yes <input type="radio"/> No			
Spouse	Spouse Name (First Name, MI, Last Name) (If proposed for coverage)		Suffix	
	<input type="text"/>		<input type="text"/>	
	Birthdate (MM/DD/YYYY)	Social Security Number	Gender <input type="radio"/> Male <input type="radio"/> Female	
	<input type="text"/>	<input type="text"/>		
	Have you used Tobacco in any form in the last 12 months? <input type="radio"/> Yes <input type="radio"/> No			
Child One	Child Name (First Name, MI, Last Name) (If proposed for coverage)		Suffix	
	<input type="text"/>		<input type="text"/>	
	Birthdate (MM/DD/YYYY)	Social Security Number	Gender <input type="radio"/> Male <input type="radio"/> Female	
	<input type="text"/>	<input type="text"/>		
Child Two	Child Name (First Name, MI, Last Name) (If proposed for coverage)		Suffix	
	<input type="text"/>		<input type="text"/>	
	Birthdate (MM/DD/YYYY)	Social Security Number	Gender <input type="radio"/> Male <input type="radio"/> Female	
	<input type="text"/>	<input type="text"/>		
Child Three	Child Name (First Name, MI, Last Name) (If proposed for coverage)		Suffix	
	<input type="text"/>		<input type="text"/>	
	Birthdate (MM/DD/YYYY)	Social Security Number	Gender <input type="radio"/> Male <input type="radio"/> Female	
	<input type="text"/>	<input type="text"/>		

Child Four

Child Name (First Name, MI, Last Name) (If proposed for coverage)

Suffix

Birthdate (MM/DD/YYYY)

Social Security Number

Gender ☐ Male ☐ Female

BENEFIT SECTION

Plan Type ☐ Individual (adult or child) ☐ Single Parent (parent and all children)
☐ Family (2 parents and all children) ☐ Children Only (use single parent rate)

Benefit ☐ \$10,000 ☐ \$20,000 ☐ \$25,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000

Payment Period ☐ Lifetime Payment ☐ Payment for 20 years

Return of Premium ☐ Yes ☐ No

Payment Method ☐ Bank Draft ☐ Credit Card ☐ Direct Bill/Check (Annual Billing Only)
 (Complete Bank Draft or Credit Card Authorization. Annual fee of \$12.00 applies to credit card billing.)

Payment Mode ☐ Monthly ☐ Semi-annual ☐ Annual

Total Modal Premium \$.

(Total modal premium must accompany application)

PROPOSED INSURED'S REPRESENTATION AND AGREEMENT

I hereby represent to Kanawha Insurance Company to the best of my knowledge, information and belief:

	Proposed Insured	Spouse	Child 1	Child 2	Child 3	Child 4
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1. Has any Proposed Insured ever been medically diagnosed as having, or been treated by a physician for: internal cancer, melanoma, leukemia, Hodgkin's Disease, malignant growth, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex, or tested positive for the Human Immunodeficiency Virus (HIV)?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
2. Will this policy replace any existing coverage?..... If "Yes", list company name, insured, and policy number. _____ _____	<input type="radio"/> <input type="radio"/>					
3. I agree the policy will not be effective until it has actually been issued and understand no benefits are payable for a diagnosis of cancer in the first 30 days after the policy effective date.						
4. I understand no Insurance Producer has the authority to waive the answer to any question in this Application, to waive any of the Company's rights or requirements or to make or alter any contract.						
5. I understand any person who, knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.						

Signed At _____

State

Signature of Proposed Insured/Owner

Date (MM/DD/YYYY)

Payor Information	Payor Information (First, MI, Last Name) (If different than the Proposed Insured)																												Suffix	
	Social Security Number																													
	Address (Street or R.R.)																													
City														State				ZIP Code												

AUTHORIZATION FOR AUTOMATIC PAYMENT BY BANK DRAFT

Attach Voided Check	Name of Depositor (First, MI, Last Name) (Attach Voided Check)																												Suffix	
Route & Transit Number														Account Number																
Bank Name and Address																														

Debit on the day of the month (1-28 only; 29, 30, 31 not available). **If no election is made, debits will be made on the day of Policy.**

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to make deductions automatically every payment period for payments of premiums from my: ☐ savings account ☐ checking account

1. Each debit shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of Policy.
2. This Authorization shall not become effective unless and until the coverage is issued.
3. This Authorization shall not be construed as modifying any provisions of the coverage.
4. Kanawha shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the Policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions.
5. This Authorization may be discontinued by Kanawha or by the Undersigned at any time within FIVE (5) business days prior to the debit date. Upon termination of this Authorization, the premiums on the Policy covered will be payable annually.
6. Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Signature of Depositor _____ Date (MM/DD/YYYY) / /

CREDIT CARD INFORMATION

Card Holder Information

Credit Card Number

--	--	--	--

Expiration Date (MM/YY)

	/	
--	---	--

Card Type

☐ Visa ☐ Mastercard

3 or 4-digit security code found on the back of most cards:

--	--	--

Signature of Card Holder _____

Date (MM/DD/YYYY)

	/		/	
--	---	--	---	--

Name as it appears on the credit card statement. (If different from Proposed Insured)

Card Holder (First Name, MI, Last Name)

Suffix

--	--	--	--

All charges will be made on the day of Policy.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to charge my credit card every payment period for payment of premiums.

1. Each charge shall constitute proper notice of premium due.
2. This Authorization shall not become effective unless and until the Policy is issued.
3. This Authorization shall not be construed as modifying any provisions of the Policy.
4. Kanawha shall not incur any liability if the credit card company does not honor the charge and the Policy shall lapse subject to nonforfeiture provisions.
5. This Authorization may be discontinued by Kanawha or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the Policy will be payable annually.
6. Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Signature of Card Holder _____

Date (MM/DD/YYYY)

	/		/	
--	---	--	---	--

INSURANCE PRODUCER'S USE

I certify any information recorded by me on this Application is true and accurate to the best of my knowledge and belief.

Date (MM/DD/YYYY)

	/		/	
--	---	--	---	--

Signature of Licensed Insurance Producer _____

Insurance Producer Number

% Credit

Insurance Producer Number

% Credit

Insurance Producer Number

% Credit

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SOUTH CAROLINA 29721-0610]
TELEPHONE NUMBER: [877-378-1505]

SUPPLEMENTAL FIRST DIAGNOSIS CANCER BENEFIT POLICY

Outline of Coverage for Form Number 70130 AR

READ YOUR POLICY CAREFULLY! This Outline of Coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY!

SUPPLEMENTAL FIRST DIAGNOSIS CANCER BENEFIT POLICY. The Policy is designed to supplement Your existing medical coverage. Coverage for the onset of a covered Cancer is provided to Insured Persons as outlined in **BENEFIT PROVISIONS**. The **PRE-EXISTING CONDITION LIMITATIONS PROVISION** as well as the **EXCEPTIONS AND LIMITATIONS PROVISION** exclude or limit coverage for certain losses. The Policy does not provide any benefits other than the stated amount for the First Diagnosis of Cancer.

CAUTION. The issuance of the Supplemental First Diagnosis Cancer Benefit Policy is based upon Your responses to the questions on Your Application. A copy of Your Application is attached to the Policy. If, to the best of Your knowledge and belief, there is any fraudulent misstatement in Your Application or if any past medical history has been omitted, Your Policy may not be a valid contract. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND THE PREMIUM REFUNDED. After You receive Your Policy, take up to 30 days to examine Your Policy. If You are not completely satisfied, You may return it to Us within 30 days and receive a full refund of the Premium You paid.

AMOUNT OF BENEFITS. If an Insured Person receives a First Diagnosis of internal Cancer or malignant melanoma, We will pay the Supplemental First Diagnosis Cancer Benefit Amount shown on the Policy Schedule. No Supplemental First Diagnosis of Cancer Benefit Amount is payable for a diagnosis of skin Cancer other than malignant melanoma. The First Diagnosis must be after the Waiting Period and while the Policy is

in force with respect to the Insured Person. Each Insured Person is limited to one Supplemental First Diagnosis Cancer Benefit Amount under the terms of the Policy.

EXCEPTIONS AND LIMITATIONS. The Policy provides benefits only for First Diagnosis of internal Cancer or malignant melanoma. The Policy does not cover any other disease, sickness, incapacity, or injury. No benefit is payable for the diagnosis of skin Cancer other than malignant melanoma. Cancer First Diagnosed during the Waiting Period will not be a covered condition.

PRE-EXISTING CONDITION LIMITATIONS. The Policy does not cover Pre-existing Conditions for 12 months after the Date of Policy with respect to persons named in the Application for Insurance.

The Policy does not cover Pre-existing Conditions for 12 months after the effective date of coverage with respect to any Insured Person added after the Date of Policy.

Pre-existing Condition Limitations do not apply to Newborn Children or to Newly Adopted Children.

RENEWAL CONDITIONS. You may renew the Policy for life by paying each renewal Premium as it becomes due. Premiums are payable for life unless You choose the 20 Pay Option at the time of Application for the Policy. We do have the right to cancel the Policy for non-payment of Premium, the reasons stated in the Time Limit on Certain Defenses provision, and/or for the payment of the Supplemental First Diagnosis Cancer Benefit.

If the Supplemental First Diagnosis Cancer Benefit for an Insured Person has been paid, other Insured Persons may continue the Policy or purchase a Conversion Policy as outlined in the Termination of Coverage and Conversion of Coverage provisions of the Policy.

A child shall cease to be an Insured Person on his or her 18th birthday, unless still in school as a full-time student, then on the child's 25th birthday.

PREMIUM CHANGES. We reserve the right to change Premium rates. A change in the rates will apply to all policies of this form in Your state of residence. The change will be effective on the next Premium due date of Your Policy. If We change the rates, Your Premiums will be determined by Your Age on the Date of Policy. We will write to You, at the address shown in Our records, at least 45 days before We change Your Premium rate.

GRACE PERIOD. The Policy has a 31 day Grace Period. This means if a renewal Premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the Grace Period the Policy will stay in force.

YOUR TOTAL PREMIUM (AT TIME OF APPLICATION):

COVERAGE:

☐ Individual

☐ Single Parent

☐ Family

The Supplemental First Diagnosis Cancer Benefit selected is:

☐ \$10,000

☐ \$20,000

☐ \$25,000

☐ \$30,000

☐ \$40,000

☐ \$50,000

The annual Premium amount for Policy 70130 AR is \$_____.

The modal Premium amount for Policy 70130 AR is \$_____.

The annual Premium amount for Rider 70140 Return of Premium is \$_____.

Total Annual Premium Payable \$_____.

Waiting Period. There is a 30 day Waiting Period following the Date of Policy, or the date an Eligible Dependent is added to the Policy, if later, during which no benefit amount will be paid. Cancer First Diagnosed during the Waiting Period will not be covered. There is no Waiting Period for Newborn Children or Newly Adopted Children.

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RECEIPT FOR OUTLINE OF COVERAGE FOR POLICY FORM 70130 AR

Signature of Applicant

Date

Signature of Licensed Resident Agent

Date

THIS PORTION RETAINED BY APPLICANT

Form 1663 AR

Page 5

RECEIPT FOR OUTLINE OF COVERAGE FOR POLICY FORM 70130 AR

Signature of Applicant

Date

Signature of Licensed Resident Agent

Date

THIS PORTION RETAINED BY KANAWHA INSURANCE COMPANY

SERFF Tracking Number:	MCHX-126034555	State:	Arkansas
Filing Company:	Kanawha Insurance Company	State Tracking Number:	41552
Company Tracking Number:	70130		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	70130 Humana-Kanawha Individual Supplemental First		
Project Name/Number:	70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy/70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-126034555 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 41552
Company Tracking Number: 70130
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: 70130 Humana-Kanawha Individual Supplemental First
Project Name/Number: 70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy/70130 Humana-Kanawha Individual
Supplemental First Diagnosis Cancer Benefit Policy

Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification Approved-Closed 02/13/2009
Comments:
Attachment:
Readability Certification.PDF

Review Status:
Satisfied -Name: Application Approved-Closed 02/13/2009
Comments:
Please see forms schedule tab.

Review Status:
Satisfied -Name: Outline of Coverage Approved-Closed 02/13/2009
Comments:
Please see forms schedule tab.

Review Status:
Satisfied -Name: 02.10.09 Submission Letter Approved-Closed 02/13/2009
Comments:
Attachment:
02_10_09 Submission Letter.PDF

Review Status:
Satisfied -Name: Authorization Letter, Forms Listing Approved-Closed 02/13/2009
Comments:
Attachments:
Authorization Letter.PDF
Forms Listing.PDF

Review Status:

SERFF Tracking Number: MCHX-126034555 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 41552
Company Tracking Number: 70130
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: 70130 Humana-Kanawha Individual Supplemental First
Project Name/Number: 70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy/70130 Humana-Kanawha Individual
Supplemental First Diagnosis Cancer Benefit Policy
Satisfied -Name: Certificate of Compliance with Reg 49 Approved-Closed 02/13/2009

Comments:

Attachment:

Certificate of Compliance with Reg 49.PDF

SERFF Tracking Number: MCHX-126034555 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 41552
Company Tracking Number: 70130
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: 70130 Humana-Kanawha Individual Supplemental First
Project Name/Number: 70130 Humana-Kanawha Individual Supplemental First Diagnosis Cancer Benefit Policy/70130 Humana-Kanawha Individual
Supplemental First Diagnosis Cancer Benefit Policy

Satisfied -Name: Certificate of Compliance with Reg 19 **Review Status:** Approved-Closed 02/13/2009

Comments:

Attachment:

Certificate of Compliance with Reg 19.PDF

Satisfied -Name: Explanation of Variables **Review Status:** Approved-Closed 02/13/2009

Comments:

Attachment:

Explanation of Variables.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Kanawha Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
Form 70130 AR	50
Form 70140	50
1336 8/08 AR	50
Form 1663 AR	50

Signed: _____

Name: _____

Title: _____

Date: _____



R Dale Vaughan

President

01/30/09

McHugh Consulting Resources, Inc.

February 10, 2009

SUBMITTED VIA SERFF

Julie Benafield Bowman
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Kanawha Insurance Company
NAIC #65110 FEIN #570380426

Individual Specified Disease Limited Benefit Policy
Policy form 70130 AR, et al
See attached form listing

Actuarial Memorandum attached

Dear Commissioner Bowman:

McHugh Consulting Resources, Inc. has been requested to file the enclosed forms on behalf of Kanawha Insurance Company. We have provided an authorization letter for your files.

The enclosed forms for your review and approval are designed to provide individual limited benefits for cancer only coverage. The plan is a non-recurring first diagnosis cancer benefit plan with optional Return of Premium benefit rider.

With regard to marketing information, this policy will be marketed individually through agents, telesales, and the Web. The issue ages are from 18 to 69.

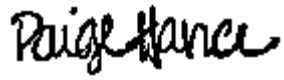
All bracketed numbers are variable to the extent allowable by your state's laws. All bracketed text is variable to the extent allowed by law. In addition, the bracketed text may or may not be included in the policy when printed. In no event will numbers or text be changed to impact compliance with your law.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

Sincerely,

Insurance Commissioner
Kanawha Insurance Company
Page 2 of 2

A handwritten signature in black ink that reads "Paige Hance". The script is cursive and fluid, with the first name "Paige" and last name "Hance" clearly distinguishable.

Paige Hance, Consultant



210 South White Street
Post Office Box 610
Lancaster, SC 29721-0610

R. Dale Vaughan, CLU, CEBS, FLMI
President and Chief Operating Officer
Kanawha Insurance Company

Direct Line: 803-283-5490
dale.vaughan@kmgamerica.com

January 15, 2009

Ms. Ginny McHugh, President
McHugh Consulting Resources, Inc.
350 South Main Street, Suite 103
Doylestown, Pennsylvania 18901

Re: NAIC 65110

Dear Ms. McHugh:

Please accept this letter as authorization from Kanawha Insurance Company to your firm, McHugh Consulting Resources, Inc., to file any or all policy forms as referenced on the attached form listing on Kanawha's behalf.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Dale Vaughan", written in a cursive style.

R. Dale Vaughan

Attachment

Kanawha Insurance Company
Limited Benefit Policy
Supplemental First Diagnosis Cancer Benefit Policy
Form Listing

Form Number	Product Name
Form 70130 AR	Individual Supplemental First Diagnosis Cancer Benefit Policy
Form 70140	Return of Premium Rider
1336 8/08 AR	Application
Form 1663 AR	Outline of Coverage

CERTIFICATE OF COMPLIANCE

Insurer: Kanawha Insurance Company

Form Numbers: Form 70130 AR
Form 70140
1336 8/08 AR
Form 1663 AR

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

R. Dale Vaughan

Name

President

Title

01/30/09

Date

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Kanawha Insurance Company

Form Number(s): Form 70130 AR
Form 70140
1336 8/08 AR
Form 1663 AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

R. Dale Vaughan

Name

President

Title

01/30/09

Date

Explanation of Variables
Form 70130, et al.

The variable and adaptable items in the forms have been bracketed to provide for the following:

- The officer signature, name, and title are bracketed so that refilling of the forms is not necessary when officers change.
- The Policy Schedule page:
 - The Optional Riders are variable to the extent that they will either be included as shown or omitted in their entirety based upon the policyholder's election of benefits.
 - The Period Premium Payable will either be:
 - § "Life" for lifetime payment; or
 - § "20 years" for payment for 20 years.
 - Interval Premium Amount(s) vary based upon plan benefits.
 - Items which customarily vary according to the policyholder's specific plan of insurance.
 - Waiting Period will be 30 days or within statutory or regulatory requirement.
 - Supplemental First Diagnosis Benefit Amount will include one of the following benefit amounts: \$10,000, \$20,000, \$25,000, \$30,000, \$40,000, \$50,000.

We also reserve the right to amend the form(s) to correct any minor clerical or typographical errors we may have overlooked prior to approval.